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Case study

MANAGING ANOVULATORY INFERTILITY THROUGH AYURVEDA: A JOURNEY TO THE BIRTH OF A HEALTHY BABY

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ABSTRACT

Anovulation as understood in Ayurveda, can be correlated with terms such as *Alpapushpa*/*Nashtartava* arising primarily due to vitiation in majorly *Vata dosha*, *Rasavaha srotodushti* and *Agnimandya*. This case report highlights the successful Ayurvedic management of a 26-year-old woman with anovulatory infertility who had been unable to conceive for three years. After undergoing extensive allopathic treatments without success, she opted for Ayurvedic management, which included *Virechana* and *Uttara basti.* The combination of these treatment helped restore Shuddha *Kshetra* (uterus), balances the *Agni*, and proper formation and improvement in quality of *Artava*. **Result:** After three months of Ayurvedic management, the patient successfully conceived and delivered a healthy baby. This case underscores the potential of Ayurvedic approach in managing anovulatory infertility and improving reproductive outcomes.

INTRODUCTION

Infertility affects millions of couples globally, with anovulation being one of the leading causes, accounting for 30-40% of female infertility cases[1]. Infertility, defined as the inability to conceive after 12 months or more of regular, unprotected intercourse [2], is a growing global concern, affecting millions of couples and presenting profound emotional, psychological, and social challenges. According to a recent WHO report, approximately 17.5% of the adult population-about 1 in 6 people worldwide-experiences infertility, underscoring the urgent need for improved access to affordable, high-quality fertility care. One of the leading causes of female infertility is anovulation, a condition marked by the failure of the ovaries to release an oocyte, resulting in the absence of ovulation and, consequently, conception. The incidence of anovulatory infertility is on the rise, reflecting both lifestyle and environmental changes in contemporary society.

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In Ayurveda, Infertility is termed "*Vandhyatva*," and women unable to conceive are referred to as "*Vandhya*". Acharya Sushruta mentioned *Vandhya* as "*Nashtaartavam*"[3] Acharya's have mentioned essential factors for conception-*Garbha Sambhava Samagri* [4], normalcy of the *Hridaya*, proper functioning of *Vayu* (*Apana Vata*), and the involvement of *Shadbhavas*[5]. Among *Garbha Sambhava Samagri*, *Beeja* is considered as one of the important factors for *Sreyashi Praja*. *Shuddha Artava* as a form of *Bija* plays a crucial role in fertility. Conditions like anovulation can be correlated with *Alpapushpa*/*Nashtaratava* which arise due to disruptions in the *Artavavaha Srotas*, *Rasavaha Srotas* and *Agni*.

This case study demonstrates the successful management of anovulatory infertility using Ayurvedic principles. *Panchakarma* procedures were employed to balance the *Doshas* and promote the formation of *Shuddha Artava*, essential for conception. The treatment focused on correcting *Agni*, *Srotodushti* and the formation of *Shuddha Artava Upadhatu* along with *Beejakarmukta* and *Vata Shamana*. *Virechana* and *Uttarbasti* addressed these factors holistically, resulting in successful conception and a healthy pregnancy.

AIMS AND OBJECTIVES

To evaluate the efficacy of an Ayurvedic treatment protocol in the management of anovulatory infertility.

MATERIALS AND METHODS

Case report

A 26-year-old female software engineer, married for three years, presented with primary infertility came to Prasuti tantra evum Stree roga OPD of Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan. Her main complaint was anxious to conceive since 3 years of marriage. She had a history of anovulatory cycles confirmed by follicular study. Her Hsg was normal. Her partner's semen analysis was normal. Despite two years of modern treatment, the patient had not conceived.

Family history: There is no family history of female infertility involving the mother or siblings.

Menstrual history

Age of menarche: 13 yrs
Regularity of cycle: Regular
Duration of flow: 4 to 5 days
Interval of flow: 25-30 days
Amount-2-3 pads/day
Pain - Absent
Clots - Absent
Smell - Absent

Personal history

Ahara- *Katu rasa pradhana ahara*, *Guru snigdha ahara*
Bowel-2 times a day
Micturition-3-4 times a day
Sleep-Disturbed
Coitus- 3 to 4 times a week
No dyspareunia
No post coital bleeding
Manasika bhava-chinta

Systemic Examination

CNS- Conscious, oriented to person, place and time
CVS- S1 S2 heard, no abnormal sounds heard
RS- Normal vesicular breathing sounds heard
P/A- Inspection- No surgical scar or swelling noted
Palpation- Soft, non-tender.

General Examination

Built- Medium
Height- 157 cm
Weight- 62 kg
BMI-25.2 Kg/m^2
Bp- 120/80 mmhg
Pulse- 78 BPM
Temperature- 97.6°C
Respiratory rate- 17/ min

Gynaecological Examination

B/L Breast-Soft, symmetrical, NAD
P/S- Cx os healthy, no Wdpv
P/V-AV/NS/FF

Investigations

Hb- 12.4 gm/dL
TSH- 3.04 µIU/ml
Serum LH- 7.23 mIU/ml
Serum FSH- 6.69 mIU/ml
Prolactin- 27.20 ng/ml
HSG- Normal

Nidana: Various *Nidanas* related to the patient's *Ahara*, *Vihara* and *Mansika avastha* were ruled out, which are as follows:

Nidana

i. *Mithya Ahara* - Oily food vada once or twice weekly, snacks like namkeen, biscuits etc. during teatime, spicy food, fast food like pizza, burger etc. once in a month.

ii. *Mithya Vihara* - Sedentary lifestyle, sleeping during daytime, staying awake till late at night, no yoga, pranayama or exercise.

iii. *Mansika bhava*: *Chinta*

- *Poorva roopa*: *Nashtartava*
- *Roopa: Vandhyatawa* (infertility)
- *Upshaya*: Nil
- *Anupshaya*: Nil
- *Vyadhi vinishchaya: Vandhyatva* due to *Nashtartava*

Samprapti

Nidana sevana
⇩
Agnimadhya
⇩
Amotpatti
⇩
Impairment in formation of *Rasa dhatu*
⇩
Rasa Dhatu Kshaya
⇩
Updhatu (*Artava*) formation decreased
⇩
Alpapushpa/Nashtaartava

Table1: Treatment protocol

First Visit **(7th July 2023 - 16th July 2023)**	• *Sarvanga Udwartana* followed by *Bashpa Sweda* for 3 days. • *Deepana-Pachana*: *Chitrakadi Vati* (2 tablets TID) + *Panchkola Phanta* (50ml TID before meals) for 3 days • *Snehapana*: With *Phala Ghrita* in increasing doses over 4 days (30ml, 60ml, 90ml, 120ml). • *Virechana Karma*: Performed on the 10th day with 21 *Vegas* leading to *Pravara Shuddhi* • Discharge medicines: (for 20 days) *Pushpa Dhanwa Rasa* (2 bd with milk a/f) *Phala Ghrita* (1 tsp bd with milk b/f) *Ashwagandha Churna* (1 tsp bd with milk a/f)
Second Visit **(4th Sept 2023 - 10th Sept 2023)**	04/9/23- *Anuvasana basti* 05/9/23 - *Niruha* and *Uttara basti* 06/9/23 - *Anuvasana basti* 07/9/23 - *Niruha* and *Uttara basti* 08/9/23- *Anuvasana bast*i 09/9/23- *Niruha* and *Uttara basti* 10/9/23 - *Anuvasana basti* • *Yoga basti*: *Niruha basti* with *Erandamoolaadi kashaya* 300ml at 8:00 am *Uttara bast*i with *Prasarini taila* 5ml at 3:00 pm A*nuvasana basti* with *Phala sarpi* 20ml+ *Mahanarayana taila* 80ml at 2:00 pm • Discharge medicines: (for 20 days) *Avipattikara churna* on 13th day 40gm *Pushpa dhanwa rasa* (2 bd with milk a/f) *Phala sarpi* (1tsp bd with milk b/f)
Third Visit **(30th Sept 2023 - 7th Oct 2023)**	30/9/23-*Anuvasana basti* 01/10/23-*Niruha* and *Uttara basti* 02/10/23- *Anuvasana basti* 03/10/23- *Niruha* and *Uttara basti* 04/10/23- *Anuvasana basti* 05/10/23- *Niruha* and *Uttara basti* 06/10/23- *Anuvasana basti* 07/10/23- *Anuvasana basti* • Same timetable for *Basti* was provided as on the second visit. • *Sarvanga Abhyanga* with *Ksheerabala Taila* followed by *Dashamoola Parisheka* for 8 days *Shiropichu*: Applied with *Jatamamsi*, *Ashwagandha*, and *Brahmi Churna* mixed in *Himsagara Taila*

OBSERVATION AND RESULTS

Diagnostic Assessment

A detailed evaluation of the patient was conducted through history, physical examination, and investigations. Objective parameters were follicular size and endometrial thickness.

Table 2: Diagnostic assessment before and after treatment

USG Findings	Date	Right Ovary	Left Ovary	ET
Before treatment	03.02.2023 (Day 13) With ovulation induction (letrozole) and ovulation trigger (Inj. HCG)	20 * 15	No dominant follicle	7.0 Triple layered
After treatment	10.09.23 (Day 12)	15mm	No dominant follicle	7.3 mm Triple layered
	07.10.23 (Day 12)	No dominant follicle	18mm sized dominant follicle	6.7mm

After three months of consistent Ayurvedic treatment, the patient achieved conception. Her last menstrual period (LMP) was on 26th September 2023, and she missed her periods in October 2023. The pregnancy progressed smoothly, and she delivered a healthy baby girl weighing 2895 grams on 28th June 2024.

DISCUSSION

In Ayurveda, Anovulation correlates with *Nashtartava* (absence of menstruation/ovulation). The treatment focused on correcting *Agnimandya, Srotodushti*, imbalance in *Vatakapha dosha* and promoting the formation of *Shuddha Artava updhatu* (healthy ovum).

The *Virechana* process plays a vital role in management particularly by facilitating *Vata Anulomana*, *Sroto Shodhana* and ensuring proper nourishment of the *Uttrottara Dhatus*. Acharya Kashyapa emphasized the significance of *Virechana* for *Akarmanya Beeja*.[6] He noted that *Virechana* not only purifies the body but also clarifies the senses (*Indriyas*), cleanses the *Dhatus*, and enhances the efficacy of the *Beeja* (ovum), making it capable of fertilization**.**

Acharya Charaka has mentioned that only in Shuddha yoni (*Kshetra*) conception occurs. He highlighted *Basti* as the best treatment, since no *Yonivyapada* can occur without *Vata* involvement[7]. He described *Niruha Basti* as a remedy for infertility, likening it to nectar for *Vandhya*[8] (infertile women) as it pacifies *Vata* and *Raja Dosha*, aiding conception. *Erandamooladi Niruha Basti* balances *Vata-Kapha*, removes *Srotorodha* [9], has *Vrishya* and *Vatahara* properties. Acharya Sushruta have included *Eranda* in *Adhobhaghara varga* and in *Vata Sanshaman*. *Eranda* possesses *Madhura-Katu-Kashaya rasa*, *Madhura Vipaka*, and *Ushna Virya*, along with *Guru, Snigdha, Tikshana,* and *Sukshma* qualities, making it effective in pacifying *Kapha* and *Vata doshas*.

In cases of anovulation, *Uttar Basti* plays a crucial role by removing *Srotosangha* and correcting *Artavagni*. It stimulates ovarian hormones, aids in follicular development, and promotes ovulation, while also improving the thickness and quality of the endometrium, creating a favorable environment for conception. *Prasarinyadi Taila,* used in *Uttar Basti*, contains herbs that are *Tridosha shamaka* with a specific focus on *Vatakaphahara* (pacifying *Vata* and *Kapha*). This helps remove *Srotosanga*, corrects *Artavagni*, and enhances the ovulation process.

Stress (*Chinta*) and *Shok* aggravates *Vata*, which in turn increases hypothalamic activity of Corticotrophin-Releasing Hormone (CRH). This disrupts the normal pulsatile secretion of Gonadotropin-Releasing Hormone (GnRH), ultimately leading to anovulatory cycles.

To address this, *Shiropichu* was administered, which helps balance the *Tridoshas*, especially *Vata*. It also improves brain circulation, hypothalamic-pituitary-ovarian (HPO) axis and promotes overall psychosomatic well-being.

Pushpadhanva Rasa is a potent Ayurvedic formulation known for its *Tridosha Shamaka*, *Deepana* and *Pachana* properties. These attributes address *Agnimandya* a key factor in the *Samprapti* of *Nashtartava*. By correcting *Agnimandya*, the formulation helps restore proper function of the *Dhatvagni* leading to the healthy formation of *Rasa Dhatu*. This, in turn, results in the correct development of the *Upadhatus*, particularly *Shudha artava.* Among its key ingredients, *Rasasindoora* possesses the unique property of *Panchavataniyamana*, making it highly effective in treating *Vata Dushti*. Additionally, *Naga Bhasma* and *Abhraka Bhasma*, contribute to nourishing the *Dhatus* and enhancing *Bala*. These *Bhasmas* have a specific action on the *Prajanana Sansthana* (reproductive system) and *Andakosha* (ovaries), promoting healthy reproductive function.

It has been mentioned in Bhaishjya Ratnawali that woman conceives after consumption of *Phala ghruta*. Experimental studies on *Phala Sarpi* have confirmed its effectiveness [10]. Its oleating, nourishing, and phytoestrogenic properties, is easily absorbed through mucous membranes, glands, and vessels, enhancing ovulation. It improves endometrial health by increasing blood circulation, promoting endometrial proliferation, and enhancing the receptivity of the endometrium and cervical mucus, thereby supporting fertility.

CONCLUSION

The Ayurvedic management of infertility due to Anovulation, as demonstrated in this case, highlights the effectiveness of *Virechana* and *Basti*, and the use of herbal formulations like *Phala Ghrita* and *Pushpadhanva Rasa*. These treatments, grounded in the principles of *Tridosha* balance majorly *Vata dosha* and *Agni* correction, play a vital role in restoring reproductive health by enhancing ovulation, improving endometrial receptivity, and addressing hormonal imbalances. The success of this case, culminating in the natural conception and delivery of a healthy baby, underscores the potential of Ayurveda in treating Anovulatory infertility, particularly when modern interventions (hormonal therapy) have proven unsuccessful. This integrative approach, offers a holistic alternative for couples struggling with infertility, supporting both physical and psychosomatic well-being.

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